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Patricia Knisley	(Depositor's name)
Hatricia Krusla/	(Signature)
April 30, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
 09/623,970	12/28/2000	Isao Karube	201487/1030	1866		
TITLE OF DIMENTION, CITE CRECIEIC CELL REREORATION TECHNIQUE						

TITLE OF INVENTION: SITE-SPECIFIC CELL PERFORATION TECHNIQUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300		\$1630	04/30/2004
EXAMINER ART UNI		ıT	CLASS-SUBCLASS]		
AKHAVAN, RAMIN 163		1636		435-173500		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent		of a single attorney or 2	Peabody LLP
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				or agents. If no name is listed		

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Center for Advanced Science and Technology Incubation, Ltd. Tokyo, Japan

Please check the appropriate assignee c	ategory or categories (will no	t be printed on the patent);	individual	Corporation or other private group entity	government
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):			
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APublication Fee		☐ Payment by credit of	ard. Form PTO-	2038 is attached.	armont of
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